

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 324-2014



October 24, 1983

ALL-COUNTY LETTER NO. 83-111

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STATE-ONLY AFDC-U REGULATION REVISIONS

REFERENCE: EAS SECTION 41-440.12, ORD #883-52

On September 26, 1983, the Department of Social Services filed emergency regulations (ORD #883-52) with the Office of Administrative Law (OAL) to implement the law changes made by AB 223 (Chapter 323, Statutes of 1983) to the State-only AFDC-U program. These changes limited eligibility to the State-only AFDC-U program to families rather than persons, and to a maximum of 3 months. If a family has received Emergency Assistance, then eligibility for State-only AFDC-U is limited to 2 months.

On October 11, 1983, the counties were sent the advanced copy of the proposed emergency regulations attached to an unnumbered All-County Welfare Directors letter. From this proposed set of regulations, OAL filed with the Secretary of State only the amendment to Section 41-440.124 and the repeal of Sections 40-131.3 (p), 41-440.125 (a), and 41-440.125 (b) effective October 7, 1983. These sections implement the three month limit to the State-only AFDC-U program as required by AB 223.

The remaining regulation revisions which changed persons to families were not filed with the Secretary of State and did not go into effect. Therefore, regulations as currently revised do not provide consistent direction for administering the State-only AFDC-U program. The instructions that follow provide guidelines for continued orderly administration of the State-only AFDC-U program.

The term "three months of State-only AFDC-U" as it appears in Section 41-440.125 (c), 41-440.127, 44-205.28 and 44-206.1 (1) is defined as either three months of State-only AFDC-U or up to 30 days of Emergency Assistance plus two months of State-only AFDC-U. This is consistent with the definition

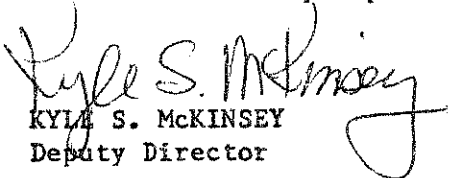
in Section 41-440.124 as revised. In accordance with Section 41-440.124 (1), the new time limitation of State-only AFDC-U eligibility applies to applications or restorations authorized on or after October 7, 1983. This change does not affect persons receiving Emergency Assistance-Unemployed Parent Program (EA-UP) or State-only AFDC-U program benefits on October 7, 1983.

The regulations sections which were not filed with the Secretary of State (EAS Sections 41-440.121, .122, .123, .125 (c), (f), .126, .127, .128, .129, 41-500.42, 44-205.28, 44-206.1 (1), and 44-206.25) will be processed through the regular public hearing process along with the sections that were filed on an emergency basis (EAS Sections 41-440.124, 40-131.3 (p), 41-440.125 (a), and 41-440.125 (b)). We anticipate that the revisions of the remaining sections will become effective in February, 1984.

Until the entire regulations package becomes effective, the EA-UP program and the State-only AFDC-U program should be administered according to existing policy as provided in ACL #83-22, with the exception of the change in the eligibility time limit. The concept of persons rather than families will continue in both programs. For example, when a child returns to the home of a family which has received the maximum State-only AFDC-U and EA-UP benefits, an FBU of 1 is established for the child if otherwise eligible. Pregnant women will continue to have the choice of being aided as a pregnant woman, one-person FBU prior to the birth of the child, or being aided with the father and newborn upon the birth of the child. The pregnant woman, one-person FBU, is eligible to 3 months of State-only AFDC-U since she is not eligible to receive EA-UP. The father and newborn (FBU of 2) or the father, newborn and mother (FBU of 3) are limited to up to 30 days of EA-UP and 2 months of State-only AFDC-U.

Attached is a reproducible copy of the September 1983 revision of the Notice of Action (NA 222) to be used for cases authorized on or after October 7, 1983. Counties should destroy NA 222s that predate this version.

If you have any questions concerning this letter, please call Bobbie Holm of the AFDC Policy Implementation Bureau at (916) 324-2014.


 KYLE S. MCKINSEY
 Deputy Director

Attachment

cc: CWDA

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date of Notice :

Denial of Aid Under the Federal Aid to Families with Dependent Children Program. You are not eligible for Federal AFDC, which has no time limit. See Page 2 for an explanation of this denial.

Approval of Time Limited Aid under other Program(s). A monthly aid payment of \$_____ is approved for the period _____ until _____. Your first month's aid is \$_____. It covers the period from _____ to _____. You are being aided under the program(s) checked below:

- ☐ **Emergency Assistance Program.** Under this program, families can receive aid for one period of up to 30 days in any 12-month period. Your eligibility period under this program begins on _____ and ends on _____.
- ☐ **State-only AFDC-U Program.** Under this program, families can receive aid for up to 3 months in any 12-month period, but families that receive emergency assistance can receive no more than 2 months of aid under this program. Unless your family circumstances change, your eligibility period under this program **BEGINS** on _____ and **ENDS** without further notice on _____, and your last month's aid payment will be \$_____. (When this aid ends you may be eligible to receive General Assistance. You may apply for General Assistance at the County Welfare Department.)

Comments.

Computation of Monthly Aid Payment

Maximum Aid Payment for _____ Persons
Special Needs (specify) _____ + _____

Net Non-exempt Income
Total Grant = _____
Overpayment Adjustment (see page _____) - _____
Monthly Aid Payment = _____

Net Nonexempt Income Computation

	Name	Name	Name
Total Earned Income			
Inc. Tax, Soc. Sec. and Disabl. Ins. -			
Standard Work Expense Disregard -			
Dependent Care Expense Disregard -			
Disregard: \$30			
Subtotal			
Disregard: 1/3 of Subtotal			
Other Countable Income:			
.....			
Court Ordered Child/Spousal Support Paid -			
• Net Nonexempt Income			
• Net Nonexempt Income Total (columns 1 + 2 + 3)			

Regulations. This action is required by State regulations which are available for review at the County Welfare Department: Manual of Policies and Procedures (MPP) Section(s) 41-401, 41-440.12, 41-440.49, 41-500.

Family Planning Services. Information is available from the County Welfare Department on request.

State Hearing. If you are dissatisfied with this action, you may request a State Hearing within 90 days of the mailing date of this notice or before the end of your eligibility period, whichever is later. Read the back for important information about your right to appeal this action.